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Apr 09 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F96000000601 (2)

1. Corporation Name

JITNEY-JUNGLE STORES OF AMERICA, INC.

Principal Place of Business

PO BOX 3409
JACKSON MS 39207

Mailing Address

PO BOX 3409
JACKSON MS 39207-3409



2. Principal Place of Business

21 1770 ELLIS AVENUE

Suite Apt. #, etc.

22 SUITE 200

City & State

23 JACKSON, MS

Zip

24 39204-3613

Country

25 USA

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 City & State

29 Zip

30 Country

3. Date Incorporated or Qualified

02/06/1996

3a. Date of Last Report

4. FEI Number

64-0280539

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	CCEO	<input type="checkbox"/> DELETE
NAME	HOLMAN, W.H. JR	
STREET ADDRESS	453 N. MILL ST	
CITY-STATE-ZIP	JACKSON MS 39202	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	HOLMAN, W.H. JR	
STREET ADDRESS	453 N. MILL ST	
CITY-STATE-ZIP	JACKSON MS 39202	
TITLE	VCVD	<input checked="" type="checkbox"/> DELETE
NAME	MCCARTY, W.B. JR	
STREET ADDRESS	453 N. MILL ST	
CITY-STATE-ZIP	JACKSON MS 39202	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	HOLMAN, W.H. III	
STREET ADDRESS	453 N. MILL ST	
CITY-STATE-ZIP	JACKSON MS 39202	
TITLE	CFOS	<input type="checkbox"/> DELETE
NAME	FRIOU, ROGER P	
STREET ADDRESS	453 N. MILL ST	
CITY-STATE-ZIP	JACKSON MS 39202	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ESSARY, DAVID K	
STREET ADDRESS	453 N. MILL ST	
CITY-STATE-ZIP	JACKSON MS 39202	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	1770 ELLIS AVE., SUITE 200
1.4 CITY-STATE-ZIP	JACKSON, MS 39204-3613
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	V/CFD
2.3 STREET ADDRESS	DAVID R BLACK
2.4 CITY-STATE-ZIP	1770 ELLIS AVE., SUITE 200 JACKSON, MS 39204-3613
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	T
3.3 STREET ADDRESS	EARL D WALKER
3.4 CITY-STATE-ZIP	1770 ELLIS AVE., SUITE 200 JACKSON, MS 39204-3613
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	S
4.3 STREET ADDRESS	1770 ELLIS AVE., SUITE 200
4.4 CITY-STATE-ZIP	JACKSON, MS 39204-3613
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	P/D
5.3 STREET ADDRESS	1770 ELLIS AVE., SUITE 200
5.4 CITY-STATE-ZIP	JACKSON, MS 39204-3613
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	1770 ELLIS AVE., SUITE 200
6.4 CITY-STATE-ZIP	JACKSON, MS 39204-3613

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

DAVID R BLACK DAVID R BLACK

3/31/97

(601) 965-8600

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)